



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Date: June 16, 2015

**PPL No. 15-013**  
**Revised**

TO: Local Governmental Agencies (LGA)  
County Based Medi-Cal Administrative Activities (CMAA) and  
Targeted Case Management (TCM) Coordinators

SUBJECT: **LGA Claiming Reimbursement for Fiscal Year (FY) 2013/2014  
CMAA/TCM Participation Fee**

Policy and Procedure Letter (PPL) 15-013 has been revised to provide specific placement instructions for the 13/14 CMAA/TCM Participation Fee in the NEW 13/14 invoice template (Revised 12/8/14). The original PPL 15-013 included instructions pertinent to the OLD invoice template (Revised 4/19/10). Please note, PPL 15-013 *Revised*, supersedes the previously released PPL marked PPL 15-013.

This PPL is to advise LGAs that thirteen and seventy-six hundredths percent (13.76% ) of the LGA participation fee for FY 2013-14 may be claimed to the CMAA Program. Specifically, the portion of the participation fee not used to pay Department of Health Care Services (DHCS) expenditures or compensation for the LGA Executive Committee and Host Entity is an allowable expenditure claimable for reimbursement.

LGAs seeking reimbursement for the participation fee for the first time must amend their CMAA Claiming Plan to include specific reference to the participation fee as a cost under the activity: "MAA/TCM Coordination and Claims Administration." This reference is to be included in the LGA response to Question No. 1, "Individually list each type of allowable MAA/TCM Coordination and Claims Administration performed. . ." Submit amendments to the CMAA Claiming Plan before or during the quarter in which the cost will be claimed. These amendments are effective the quarter in which the amendment is submitted to DHCS. Failure to amend and submit the required CMAA Claiming Plan shall result in the prohibition to claim the participation fee for FY 2013-14 and subsequent fiscal years.

**\*On the new 13/14 invoice template (Revised 12/8/14), the entry should be on the Cost Worksheet Line 32, Direct Charge Other Cost, Cost Pool #5, which is linked to the Direct Charge Worksheet. The column will be Non-Enhanced MAA Direct Charge Other Cost on the Direct Charge Worksheet.\***

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The LGA claimable amount should be claimed in the quarter in which the payment was made to the Host Entity. The total amount of the fee paid is entered in the "Other Costs" column. A discount factor of 13.76% for FY 2013-14 should be entered in the column labeled **\*"Non-SPMP Direct Charge."** (Please see attached sample.)\*

If you have questions, please contact Laurie Lay, Chief, County-Based Medi-Cal Administrative Activities (CMAA) at (916) 324-0058 or [Laurie.Lay@dhcs.ca.gov](mailto:Laurie.Lay@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY MICHELLE KRISTOFF**

Michelle Kristoff, Chief  
Medi-Cal Administrative Claiming Section